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ABSTRACT

The purposes of this paper are (1) to review the background and nature of hypnosis, (2) to synthesize research on hypnosis related to speech communication, and (3) to delineate and compare two potential techniques for reducing speech anxiety--hypnosis and systematic desensitization. Hypnosis has been defined as a mental state characterised by heightened suggestibility. Anton Mesmer, usually referred to as the "father" of hypnosis, was extremely successful in inducing large numbers of clients into a deep hypnotic state. Since his time, hypnosis has enjoyed extensive use in the medical profession. Several researchers have focused on problems related to speech communication. An application of hypnosis closely related to the field of speech communication is in the reduction of stuttering. The relationship between hypnosis and speech communication is even more apparent when hypnosis is analyzed as a specialized form of communication. Considerable effort has been devoted to the development of methods for measuring speech anxiety. A therapeutic method developed by Wolpe, called "systematic desensitization," appears to be successful in dealing with a number of problems due to anxiety. Wolpe's method includes three basic stages--all involving a light state of hypnosis. Hypnosis, per se, appears to have more advantages than does systematic desensitization in solving speech anxiety problems. (CK)

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Hypnosis and the Reduction of Speech Anxiety

Considerable research indicates that mental (i.e., affective and cognitive) processes can affect physiological behaviors directly.[1] For example, the presentation of conscious and subconscious suggestions has long been recognized as an effective method of modifying behavior.[2] Hypnosis is one method accepted by both psychologists and physicians as a useful technique for employing subconscious suggestions to modify personality and other behavioral patterns. As such, hypnosis may be used to improve various communicative behaviors and, more particularly, as a method to reduce speech anxiety.

Reduction of anxiety has been of prime concern to both psychologists and communication scholars.[3] Research on the reduction of anxiety in several performance areas such as music, theatre and athletics has demonstrated the efficacy of using hypnosis to reduce anxiety and, subsequently, to increase the effectiveness of relevant performance.[4] More directly related to speech communication, public speaking anxiety (or "stage fright") has created problems on a continuing basis. Although hypnosis has not been used extensively in speech anxiety reduction, recent research involving systematic desensitization suggests that the same basic techniques of relaxation and suggestion employed in hypnosis can reduce effectively fear of speaking in public.[5] Thus, the purposes

of this paper are (1) to review the background and nature of hypnosis; (2) to synthesize research on hypnosis related to speech communication; and (3) to delineate and compare two potential techniques for reducing speech anxiety--hypnosis and systematic desensitization.

Background and Nature of Hypnosis

Hypnosis, derived from the Greek word for "sleep," has been defined as a mental state characterized by heightened suggestibility.[6] Although ancient Greeks and Romans used a variation of hypnosis, Anton Mesmer (1770) usually is referred to as the "father" of hypnosis. Mesmer believed in "animal magnitism" (i.e., that a healing fluid passed from his hands to the body of his clients).[7] Although his explanation of the hypnotic process was invalid, he still was extremely successful in inducing large numbers of clients into a deep hypnotic state. Since Mesmer's time hypnosis has enjoyed extensive use in the medical profession. While used occasionally for surgery in the mid 19th century, its use decreased with the introduction of new anesthetics at the turn of the century.[8] However, hypnosis is used today in various medical specialities[9] as well as to control more socially oriented behaviors, such as obesity and smoking.[10] Contributing to its decreased use late in the 19th century was a negative public image of hypnosis stimulated by fradulent stage hypnotists. Some of the negative reactions to hypnosis still exist today among laymen, although both the American Medical Association and the American Psychological Association have approved the use of hypnosis for over a decade.

A variety of speculative theories of hypnosis have been proposed.[11] Examination of a brief, but fairly typical, description of hypnosis provides insight into its highly abstract nature--and related explications. Essentially, through the use of monotony or visual fixation, the hypnotist presumably induces the client's objective mind to recede, letting the subject's mind advance and receive the suggestions given. A description of hypnosis given by Gindes[12] is: misdirected attention + belief + expectation = the hypnotic state. Supposedly, this enables the hypnotist to affect the Autonomic Nervous System (ANS) by implanting suggestions. Keeping in mind that the ANS controls such functions as heart rate and glandular actions, it is not difficult to explain many "cures" attributed to the hypnotic process.

Though the frequent use of hypnosis is an established fact in current medical practice and its nature is becoming increasingly understood through systematic research, many are still skeptical about its use in medicine. Even greater skepticism regarding the use of hypnosis by social scientists to influence behavior seems obvious in view of the limited systematic research published to date. For example, communication scholars have shown only a limited interest in hypnosis as a communication process or as a productive area of research.

Hypnosis Research Related to Speech Communication

Past uses of hypnosis have not been limited solely to the medical profession. Although speech communication scholars have rarely, if ever, conducted investigations with hypnosis, several researchers in cognate

fields have produced research focused on problems related to speech communication.[13]

An application of hypnosis closely related to the field of speech communication is in the reduction of stuttering.[14] However, opinions regarding the usefulness of hypnosis in stuttering therapy differ. The consensus among speech-clinicians probably is reflected in Meares' statement: "My experience in the treatment of stuttering by suggestive therapy has not been consistent. Some patients have done remarkably well and others have not improved at all."[15] Case studies regarding the use of hypnosis in stuttering therapy also confirm Meares' observation.

Although no systematic research reports were found indicating that hypnosis has been used in stage fright reduction by scholars in the field of speech communication, case studies have been reported which suggest beneficial effects of hypnosis in reducing fears related to those of stage fright in public speaking. One research scientist even reported the use of self hypnosis in reducing fear of speaking in public.[16] Another case study supports the effective reduction of stage fright in an opera singer.[17] Others report the extended use of hypnosis in reducing fear evidenced by actors.[18]

The relationship between hypnosis and speech communication is even more apparent when hypnosis is analyzed as a specialized form of communication. In the hypnotic setting--as in almost any form of communication--there are many variables influencing the communication outcome; speaker credibility seems to be one such variable. Schneck notes that "dyads like doctor-patient, professor-student, and male-female

may produce differing experimental results."[19] Sarbin and Anderson further emphasize the importance of communication in hypnosis: "Experiments have been reported in the literature that indicate clearly that the depth of the hypnotic response is greater when the hypnotist is a prestigeful person, such as a professor, doctor, or therapist, than when the hypnotist is a student. . . . Thus the role of the potentially reinforcing person has something to do with the outcome. . . ."[20] Watkins[21] and Schneck[22] agree that even slight changes in the behavior of the hypnotist may deepen, lighten, or even terminate the hypnotic trance. A theory of communication focused on hypnosis may well evolve in the near future which can help explain this unique form of interpersonal (and, in self-hypnosis, intrapersonal) communication and predict conditions under which hypnosis will be most successful. Meanwhile, the reduction of speech anxiety is of immediate concern to speech researchers and certain strategies employed in hypnosis may prove useful in decreasing speech anxiety.

Reduction of Speech Anxiety Through Hypnosis and Systematic Desensitization

The problem of dealing adequately with speech anxiety has confronted speech scholars for years. Considerable effort has been devoted to development of methods for measuring speech anxiety.[23] While some research has focused on investigating methods for reducing the anxiety produced by public speaking settings,[24] hypnosis has received little attention as a technique for modifying speech anxiety. Moreover, the

majority of work on methods to reduce speech anxiety has not been supported empirically. Suggestions such as keeping physically fit, improving one's personality, and engaging in a program of introspection and self-analysis hardly seem adequate treatment for individuals affected seriously by speech anxiety.

The most popular method for "treating" speech anxiety appears to rely on repeated practice, both in private and public settings. Some research suggests that repeated practice does reduce speech anxiety.[25] However, this research was concerned with mild cases of speech anxiety, since the data were collected from subjects who were able to register initially for a speech course, attend a class and eventually complete the course. More serious cases of speech anxiety are not likely to be treated successfully by the repeated practice method. Paul's study, for example, suggests that distributed practice by students with serious speech anxiety may serve only to reinforce and maintain anxiety previously attendant on the speaking situation.[26] Research investigating phobias other than speech anxiety also has suggested that repeated confrontations with anxiety producing stimuli, without benefit of therapy, may serve to increase anxiety rather than aid in its reduction.[27] Given the lack of empirical data in support of various methods proposed for reducing speech anxiety, one might conclude that if speech scholars are to deal successfully with speech anxiety, subsequent research is needed to determine what methods should be employed to treat speech-anxious students most effectively.

Systematic Desensitization

A therapeutic method developed by Wolpe called "systematic desensitization" appears to be successful in dealing with a number of problems due to anxiety.[28] Recently, systematic desensitization has been used to deal specifically with the problem of speech anxiety.[29] Paul, for example, has conducted extensive research comparing the effectiveness of various therapeutic methods for reducing speech anxiety. Desensitization proved to be the most effective method as measured by several criteria including self reports, behavioral observation, psychological tests, and physiological measures.[30] Similarly, McCroskey, et al. found desensitization to be significantly more effective in reducing speech anxiety than no treatment.[31] Moreover, several studies have suggested that successful desensitization therapy can be achieved by nonprofessional therapists,[32] while other researchers have reported success with home therapy in which subjects were supplied only with instructions, a phonograph record, and weekly telephone calls.[33] Current evidence suggests the value of employing systematic desensitization techniques in efforts to decrease speech anxiety.

Wolpe's method of systematic desensitization, probably involving a light state of hypnosis, includes three basic stages. In the first stage the subject is trained in deep muscle relaxation following Jacobson's method.[34] In the second stage the therapist and subject construct a spatial-temporal "anxiety hierarchy" consisting of items related to the anxiety producing stimulus. For example, a speech anxiety hierarchy consists of ten or so statements related to speech

making ranging from relatively low anxiety producing events such as "reading about speeches alone in your room" to highly anxiety producing events like "walking up before an audience." The third stage of the process involves the actual desensitization procedures. While in a state of deep muscle relaxation, the subject is asked to imagine mentally the events in the anxiety hierarchy beginning with the least anxiety producing event and gradually, after five to ten sessions, to imagine each event in the hierarchy.[35] The desensitization technique utilizes two main procedures to reduce anxiety--relaxation and counter-conditioning. By visualizing very briefly, while in a state of deep relaxation, those situations that normally arouse anxiety the subject gradually becomes "desensitized" to the situations. Research has shown that the two most important aspects of the desensitization technique are the construction of the anxiety hierarchy and the state of deep muscle relaxation.[36]

Advantages of Systematic Desensitization

There appear to be a number of advantages in using systematic desensitization for reducing speech anxiety:

(1) The method is relatively easy to use, and one does not have to be a professional therapist to obtain success with systematic desensitization techniques. In some instances individuals may even employ desensitization techniques successfully at home with the aid of an instruction manual and a phonograph record designed to induce a relaxed state.

(2) One may employ systematic desensitization techniques with groups of individuals; consequently, one is not limited to treatment of one person at a time. This is a particularly important advantage in situations where limited space, time and personnel do not allow for individual therapy sessions with individuals in need of treatment.

(3) Wolpe's method has consistently proven to be an effective method for treating problems due to anxiety, and recently it has been shown to be successful in treating speech anxiety.

(4) The effects of systematic desensitization appear to be reasonably long lasting.

(5) Systematic desensitization sometimes produces positive transfer effects. Several persons have reported that systematic desensitization was not only successful in reducing anxiety in situations for which they were treated, but that it also helped to relieve anxiety experienced in other situations.

A Comparison of Desensitization and Hypnosis

Although the term "hypnosis" is seldom used in conjunction with desensitization techniques, progressive relaxation, properly executed, does resemble a light hypnotic-trance state, particularly with those subjects more susceptible to suggestion. In fact, relaxation induced by Jacobson's method may be further deepened by repetition of suggestions of drowsiness and relaxation used in hypnosis.[37] A comparison of the amount of time required for Jacobson's method of muscle relaxation (20-35 minutes plus home practice) to the average time needed to induce

a light hypnotic state of relaxation (2-4 minutes) suggests that hypnosis might serve as a more efficient method for producing the relaxed state needed in using desensitization techniques. This would seem particularly true in the case where post-hypnotic suggestions were used in order to induce hypnosis in subsequent therapy sessions.

The use of untrained personnel (advantage #1 above) in hypnosis is not desirable (or legal in many states). Thus, the use of the technique is somewhat limited by the availability of trained personnel. The primary disadvantage of hypnosis in the reduction of speech anxiety is the considerable amount of time and effort required on the part of the hypnotist (or would-be-hypnotist) to prepare for research or treatment. However, in most college and university communities there are competent physicians, dentists, psychologists and/or psychiatrists who are trained in hypnosis techniques and who could help train speech communication scholars who are interested in becoming competent hypnotists. Additional training opportunities are available through workshops held regularly by the Society for Clinical and Experimental Hypnosis.[38]

In addition to the time required to learn hypnotic techniques, additional time is required to locate and examine university, state, and local laws and statutes with which one must comply prior to employing hypnosis in research or treatment. Such "red tape" may necessitate postponing the research or treatment for as long as a year after completion of the hypnotist's training program. Many university research councils also require that the hypnotist be "certified" by acquiring membership

in either the Hypnosis Division of the American Psychological Association or the Society for Clinical and Experimental Hypnosis. Such a request made to the researcher delays the research even more. Moreover, even if the hypnotist applies for membership in these associations, the possibility still remains that he may not be accepted.[39] Some universities also require that the university's legal advisor prepare a release form to be signed by subjects prior to their submission to hypnosis. (Interested persons may write to the authors for a copy of a sample form.) In summary, the lengthy and rather complex set of procedures often required may discourage all but the most highly motivated researchers and therapists from using hypnosis.

Susceptibility to hypnosis (more precisely, the lack of susceptibility) also might be considered a potential disadvantage of the method. However this disadvantage, to a great extent, also is present in systematic desensitization. In a sense, persons who do not complete the systematic desensitization treatment successfully might be labeled "non susceptible." Thus, by finding subjects who are not susceptible to hypnosis initially, valuable laboratory time is saved by not "wasting the treatment" on them.

Advantages two through five noted above for systematic desensitization also would be potential advantages for the hypnotic method of speech anxiety reduction and some research on hypnosis supports this reasoning. Additional advantages of hypnosis over systematic desensitization include: less physical and mental effort is required on the part of the subject (a significant advantage when motivation levels are not

extremely high at the beginning of treatment); television, records, and tape recordings may be used with relatively large numbers of subjects to induce hypnosis under the supervision of the therapist-hypnotist; and, with hypnosis, there is no need for the space consuming and expensive equipment (such as reclining chairs) required in systematic desensitization treatment.

Additional research is needed in hypnosis as it relates to speech communication before its potential may be realized fully. Primary research will be required to develop models and, eventually, theories of hypnosis which include relevant speech communication constructs. Historical-critical and empirical scholars alike will need to examine the ethical implications of doing research involving hypnosis. The possible experimental research to follow is overwhelming. Some of the important early studies probably should include (a) determining which verbal and nonverbal cues enhance and retard a subject's falling into a hypnotic state, (b) ascertaining effective strategies for establishing interpersonal trust between subject and hypnotist, (c) determining the effect of the hypnotist's credibility on successful hypnotic induction of subjects, (d) identifying the effects of different media in the use of hypnotic induction, and (e) isolating uses of hypnosis in language learning. These and countless other studies are directly related to important problems in the speech communication field.

Given these and other research possibilities, there are some implications which must be considered because they transcend current traditional experimental methodology. For example, criterion measures

in hypnosis research are rather "soft;" they often depend on self reporting and subjective observations by hypnotists and other observers. In addition, most hypnosis studies involve either a case study, or relatively small numbers of subjects. Traditionally, case studies and experiments with low N's have been harshly criticized by speech communication scholars on grounds of the limited generalizability of their findings. In addition, the types of statistics employed in analyses (when appropriate at all) are primarily nonparametric. Such analysis strategies also have not been widely accepted by many speech communication scholars.

In spite of the above observations, the advantages of hypnosis for potential reduction of speech anxiety appears to outweigh the disadvantages. Accordingly, speech communication scholars and the field may benefit from joining their colleagues in medicine and psychology in the systematic exploration of the values and uses of hypnosis. At the very least, hypnosis appears to have considerable potential for the reduction of speech anxiety and such systematic research exploration is long over due.

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[38]Interested persons should write: The Society for Clinical and Experimental Hypnosis, Inc. (353 West 57th Street, New York, New York 10019) for information about workshops and qualified members of the Society who may be in your city or on your campus.

[39]Although several speech communication scholars have been granted membership in the American Psychological Association, it is rather difficult to achieve membership if one's Ph.D. is not granted by a Department of Psychology. Special admission procedures are specified for scholars outside the field of Psychology to gain membership. For additional membership information write: The American Psychological Association, Inc.,

1200 Seventeenth Street, N. W., Washington, D. C. 20036. Membership in either The American Medical Association, The American Dental Association, or The American Psychological Association is a prerequisite for membership in the Society for Clinical and Experimental Hypnosis.